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## TRANSMITTAL FORM

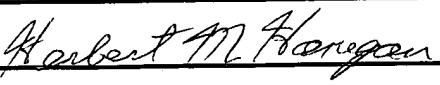
*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission	5	Attorney Docket Number	043629.002
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### ENCLOSURES (check all that apply)

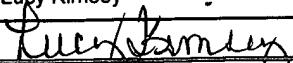
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  <b>Return Receipt Postcard</b>
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Herbert M. Hanegan, Reg. No. 25,682		
Signature			
Date	February 24, 2004		

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Lucy Kimsey		
Signature		Date	February 24, 2004

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : **10/686,313** Confirmation No. **7246**  
Applicant(s) : **Kevin Baerwalde**  
Filed : **October 15, 2003**  
TC/A.U. : **3764**  
Examiner : **To Be Assigned**  
Title : **Device for Therapeutic Treatment of Foot, Heel, and/or Like Pain**  
  
Docket No. : **043629.002**  
Customer No. : **25461**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**PRELIMINARY AMENDMENT**

Before the first examination, please amend the application as follows:

**Amendment to the Specification** is reflected in on page 2 of this paper.

**Remarks** begin on page 3 of this paper.